

Appeals Process

Please note the review and appeals process in the restated plan document. It mirrors the general procedure and can be applied to all benefits, not just those falling under the Salary Reduction Plan.

- The first important point is to distinguish between appeals related to claims and appeals related to eligibility and process.
- Claims related to coverage (benefits) are appealed to the insurance carrier, or other claims adjudicator (e.g., ASI for flex).
- Other issues, including change requests, are handled at the local agency level.
- If a decision is unfavorable (e.g., request to add dependent denied as not timely), the claimant can request, in writing, a review by the Plan Administrator (Employee Benefits).
- The Plan Administrator will determine whether or not the initial determination conforms with policy.
- If the Plan Administrator's decision is also unfavorable, claimant may appeal in writing to the Director (Jeff Schutt).
- The Director's decision is final.